

MILWAUKEE COUNTY
Inter-Office Memorandum

DATE: November 21, 2011

TO: Supervisor Lee Holloway, Chairman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Acting Director, Department of Health and Human Services
Prepared by Geri L. Lyday, Administrator, Disabilities Services Division

SUBJECT: **Report from the Acting Director, Department of Health and Human Services, requesting authorization to enter into 2012 Disabilities Services Division purchase of service contracts for the Disability Resource Center, Children's Programs and Adults with Disabilities**

Issue

Section 46.09 of the Milwaukee County Code of General Ordinances requires County Board approval for the purchase of human services from non-governmental vendors. Per Section 46.09, the Acting Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2012 purchase-of-service (POS) contracts for the Disabilities Services Division (DSD).

Background and Rationale

Each year, DSD submits requests to the County Board to purchase community-based services from non-governmental vendors. The contract amounts shown on Attachment 1 reflect 2012 proposed DSD contracts. Approval of the recommended contract allocations will allow DSD to provide a broad range of rehabilitation, treatment and support services to adults and children with disabilities in Milwaukee County in 2012.

DSD reviews all new proposals that are submitted to the department by utilizing a five to seven-member panel, as outlined in the procedures contained in the DHHS technical assistance Request for Proposal document. This process is used in every service area where a competitive proposal is submitted. DHHS Contract Administration/Quality Assurance staff assists DSD by facilitating panel reviews when necessary.

Due to the expansion of Family Care to persons 18 through 59 years of age, numerous key decisions were made in recent years and approved by the County Board concerning the continuation of existing DSD POS contracts, the eligibility of the consumers, and how they are integrated in the new publicly funded managed care models. These decisions were reflected in recommendations to allocate contracts and resulted in decreased allocations due to reduced numbers of persons served as individuals eligible for Family Care were enrolled in that program.

Effective July 1, 2011, the State of Wisconsin Department of Health Services (DHS) implemented a cap on Family Care enrollments. It is anticipated that the cap will result in waiting lists growing and considerable delays in services for individuals with physical and developmental disabilities. DSD is therefore recommending continued funding for certain POS contracts in CY 2012 to support individuals who are not eligible for Family Care due to their financial or functional status. Remaining POS funding in DSD contracted programs will be used to purchase services that are identified as having a high priority in assisting persons with disabilities to achieve their maximum independence.

During CY 2011, the State DHS implemented a new third party administrator payment system for the Children's Long Term Support Medicaid Waiver program. This implementation has shifted the payment processing for services to a third party administrative agency contracted with DHS effectively eliminating the need for DSD to make payments to providers. Therefore, the former purchase of service agreement with a fiscal agent is no longer required.

DSD is therefore recommending the following allocations for the adult and children's POS contracts in 2012. DSD has made it a high priority to maintain the integrity of the existing service delivery system to ensure that a safety net for those who need community-based supports can continue to live independently and not be forced to utilize institutional based services including nursing homes.

The following information highlights the 2012 POS contract recommendations and program changes for DSD by disability and program areas.

Children's Programs

Birth- to-Three/Early Intervention

Milwaukee County DSD will receive \$2.7 million in State Birth-To-Three funding for 2012, which is the same as 2011. Referrals to this program continue to increase approximately 13% each year. Contracted agencies that provide these critical services, continue to report increased costs, in part, as a result of the increased number of referrals and children served. The Division will work with State and Federal agencies that fund Birth-To-Three to examine ways of increasing revenue for this critical program. It should be noted that Birth-To-Three contract agencies have continued to accept increasing numbers of referrals while maintaining service levels for children and families in spite of the fiscal challenges and lack of adequate funding often relying on outside fund raising from outside sources to meet the actual costs of serving this population.

Birth-To-Three services continue to be invaluable to families who have a child with a developmental delay. These programs are critical to the identification of early intervention strategies that can assist children to reach their maximum potential and actively participate in their communities.

Wisconsin has a long-standing history and commitment to quality services for young children and their families. Provider agencies are key partners in the process through the delivery of effective early intervention services in partnership with families and Milwaukee County.

The Office of Special Education Programs (OSEP) in the U.S. Department of Education continues to enforce the Individuals with Disabilities Education Act (IDEA) by issuing state-level outcome determinations for Part C, Birth-to-Three Program, and Part B, 3-21 year old Special Education Programs. The determinations are based on 14 federally defined indicators and are required under federal statute as part of ongoing efforts to improve results for children and youth with disabilities. OSEP continues to require states to enforce IDEA by making local determinations annually on the performance of each early intervention program under Part C. States are required to monitor a county's performance on compliance indicators, valid, reliable and timely data, non-compliances, audit and issue status determinations on Federal requirements.

The Milwaukee County DSD Birth-to-Three program has information on the State's Federal indicators as of October 31st for 2010/2011. During 2010 and 2011, Milwaukee County DSD developed and implemented improved data collection and reporting processes and worked closely with providers to monitor and improve compliance of indicators. Milwaukee County has worked in partnership with the State Birth To Three program and local contacted providers to correct previous noncompliant indicator findings. There are still a couple of cases that have been identified as needing assistance. They are 4A, 4C and 7. The State has not issued to Milwaukee County DSD its final report for the period 2010/2011. Preliminary results of the indicators show continued improvement in several areas where there were issues previously (See Attachment 2).

All Birth-To-Three agencies are projected to exceed their 2011 contract in number of children served and units of service delivered, therefore, we are recommending new contracts in 2012 at the 2011 funding level. The Division has been working and moving toward performance based contracting based on Federal indicators, review of unit rates and provision of services in the natural environment. However, we do not yet have the data needed to allocate on this basis at this time. This will be a priority in 2012 especially given the lack of new fiscal resources and the need to maximize available funding.

The following providers are recommended for new contracts in 2012:

- Bader Association for the Blind and Visually Impaired (Vision Forward Association, Inc.)
- Center for Communication Hearing and Deafness
- Curative Care Network
- Easter Seals
- Lutheran Social Services
- Milwaukee Center for Independence
- Next Door Foundation

- Penfield Children's Center
- St Francis Children's Center

The State DHS Birth-To-Three Program has indicated its intention to apply for a Medicaid Benchmark 1937 Plan that was approved in the State biennial budget. DSD is working with DHS to clarify the timeframes for implementation of the new initiative. The State is hopeful that the new program will assist counties and programs with some additional revenue during 2012. The Birth-To-Three State Plan Amendment (SPA) is intended to assure complete coverage of costs for children with complex needs.

Adult Programs

DSD began Family Care expansion late in 2009 and anticipated a decreased need for program capacity due to the planned elimination of the waiting list for services as well as conversion to Family Care funding of all those individuals who were eligible for the Family Care program. However, as of July 1, 2011, the State DHS capped Family Care to further enrollments which is anticipated to result in longer waiting lists and increased time before long term support services will become available.

All eligible individuals were transferred to Family Care from POS contracts in late 2010 and 2011. The current dollars allocated to these agencies are only for individuals who are not financially and functionally eligible for Family Care. These allocations also consider a slight expansion of service for individuals who may need services and are on the waiting list. All of these agencies are long standing providers who have worked to provide high quality services to consumers. Contracts are either in a two or three year funding cycle as specified below.

The remaining dollars from these contracts will be targeted to the development of new crisis stabilization services to support the relocation efforts of individuals at BHD Hilltop as well as support the long term support system provided by Care Management Organizations in the delivery of services to this highly specialized population.

Therefore, DSD is recommending continued contracts for many services to ensure that support is available to individuals with disabilities in this community.

Work Services

Two agencies are recommended for new contracts in 2012 with allocations that reflect the anticipated number of consumers who will not be eligible for Family Care. Work Services is currently in the second year of a three year RFP cycle and the agencies are as follows:

- Goodwill Industries
- Milwaukee Center for Independence

Employment Options

Three agencies are recommended for new 2012 contracts with allocations that reflect the anticipated number of consumers who will continue to require services. Attrition in this program has continued during 2011 and individuals who converted to Family Care funding reduced the number of persons served. Employment Options is in the second year of a three year RFP approval cycle. The agencies recommended for contracts in 2012 are:

- Milwaukee Center for Independence
- Goodwill Industries, Inc.
- United Cerebral Palsy

Curative Care Network did not submit an application and all remaining consumers served by this program were transitioned to Family Care.

Community Support Living Services

This program area addresses services that complement families as they maintain adult members with disabilities in their homes and communities with emphasis on quality of life through recreational activities, personal safety and support to caregivers from respite services. Also in this area, it is anticipated that continued services for individuals ineligible for Family Care will be needed. The program category is in the second year of a three year RFP approval cycle.

Recreation

Easter Seals has provided recreation services for DSD and is recommended for a new contract in 2012 at the 2011 funding level. This agency provides recreational services to hundreds of children and adults with disabilities at the Wil-O-Way sites in conjunction with the Milwaukee County Office of Persons with Disabilities and at integrated community events and outings. This program area is recommended for funding at the same level, because it is an important service for families who depend on it as respite and consumers who enjoy the opportunity for fun and relaxation with their friends. This service is currently not a covered benefit under the Family Care program.

Respite

United Cerebral Palsy and St. Ann's Intergenerational Center are recommended for new contracts in 2012 at the same funding level as 2011. Respite continues to be in high demand particularly by families. Respite services support both adults and families with children who have disabilities. St. Ann's Intergenerational Center operates a respite service that allows families the opportunity to take one to three day vacations by having available a secure respite home option.

Targeted Case Management

ARC Milwaukee is recommended for a new contract in 2012 at a funding level consistent with anticipated service needs. There had been a decrease in the demand for Targeted Case Management services due to Family Care expansion as individuals were taken off the DSD waitlist. However, this service will continue to be a valuable support for individuals who are financially and functionally ineligible for Family Care.

The Targeted Case Management program currently assists individuals who have complicated community living issues and who lack strong family supports. The service provides professional targeted case management support to individuals who need intermittent or ongoing intervention with a variety of community living challenges such as obtaining benefits, working with utility companies, housing assistance, assistance with health care; and decision-making in typical community, family or relationship experiences. It is anticipated that these activities would be partially offset by T-19 revenue. It should also be noted that services provide support to individuals who also might otherwise be interfacing with the criminal justice system or the Behavioral Health Division.

Assertive Case Management (Intervention)

The Milwaukee Center For Independence is recommended for a new contract in 2012 at the same funding level from 2011. Assertive case management/intervention services provides short and long-term intervention for adults who are experiencing behavioral/mental health challenges in the community. Professional assistance with health care or social programming is available to reduce the risk for an acute admission to the Behavioral Health Division (BHD) or loss of community living residence due to instability. This service currently assists individuals on a monthly basis and is closely linked to community programs, therapies, or counseling services.

Person-Centered Planning Services

Curative Care Network is recommended for a new contract in 2012 at the 2011 funding level. This contract has assisted the Division with crisis situations of individuals and families referred to DSD who face challenges during the year. It also helps families managing difficult situations and planning for future crisis. They manage between 40 to 50 individuals at any point in time. The program has been an invaluable service to the Disability Resource Center and DSD providing an important function as needs arise for individuals on a temporary basis.

This service will be absorbed by the Disability Resource Center next year as the Division continues to refine and expand its resource center responsibilities and functions.

Advocacy

Four existing agencies are recommended for new 2012 contracts at the same funding level as 2011 for the provision of advocacy service. The agencies include:

- The Epilepsy Foundation of Southeast Wisconsin
- ARC Milwaukee
- Easter Seals
- Alianza Latina Aplicando Soluciones

These agencies will work in conjunction with the DSD Disability Resource Center to identify individuals eligible for Family Care and to fill in the gaps with information and short-term counseling for families until Family Care becomes available. This continued function will help provide supports and referrals to the Disability Resource Center as the DRC begins to implement outreach activities and consider moving these services to the DRC.

Wisconsin Facets is recommended for an increase in 2012 to permit expansion of their work with families who have young adults with disabilities that are making the transition to adult services. The agency will provide additional opportunities for families to participate in person centered planning. This will compliment the DRC efforts to provide youth transition planning to families who have young adults with disabilities.

One new application was received in this program area and is recommended for a new contract in 2012. Hmong/American Friendship Association, Inc. is recommended for a contract to augment the existing service delivery area by providing bilingual advocacy services to individuals and families. This has been an under served population in the disability program area. We believe the addition of this contract will increase the outreach and advocacy efforts in the Hmong community.

Supported Living Options

Five agencies are recommended for new contracts in 2012 for supported living option services. These agencies currently provide vital daily living skills training and community living assistance to individuals with disabilities. The agencies recommended for 2012 contracts are as follows:

- Center for Communication, Hearing & Deafness, Inc. (Adult Day)
- Dungarvin-Wisconsin
- Milwaukee Center for Independence (Supported Parenting)
- Phoenix Care Systems (Bell Therapy)
- United Cerebral Palsy

Disability Resource Center (DRC)

The DRC provides Information and Assistance, Options/Enrollment Counseling to individuals eligible for Family Care including those on the DSD waitlist and Disability Benefits Specialist services. The DRC also acts as the front door to the expanding Family Care program and other long-term managed care options.

Wait List

For several years, DSD has funded a Wait List Initiative providing current information about individuals on the DSD wait list and assess those individuals for continued need of services. DSD has utilized St. Ann Center for Intergenerational Care (SAC) to manage this function. SAC has also provided other services, including access to the Milwaukee Community Services Bank. This agreement has been providing assistance to the DRC with the process of removing individuals from the DSD waitlist by updating information and preparing the cases for the options counseling and enrollment process. This service has also provided critically needed goods and services to help individuals remain independent in the community. It should be noted that SAC has donated these goods and services at no cost to Milwaukee County.

It is recommended that a new 2012 contract be approved for St. Ann Center for Intergenerational to continue this important initiative to provide services to those on the DSD wait list.

Crisis Respite Home

Crisis respite services provide individuals urgent levels of service that exceed the capacity of existing supports available in their current environment. Crisis is defined as a situation requiring the removal of an individual from the current living environment. Examples may include the death of the primary caregiver or the development of physically aggressive behaviors resulting in the individual becoming a danger to self or others. The Crisis Respite Service provides DSD the resources needed to temporarily place an individual in crisis in an environment that is safe, therapeutically appropriate, and cost-effective (relative to institutional placement costs) while DSD staff work to defuse the crisis and arrange for a permanent placement in the least restrictive setting suitable to the individual's long-term needs.

It is required that the Crisis Respite Home be fully accessible. The current provider, Phoenix Care Systems, Inc., respite home is not fully accessible. DSD is recommending a new contract in 2012 for six months to ensure that a fully accessible location is developed. If this is not achieved, the Division will need to seek alternate options. In addition, one new application was received for Crisis Respite Services from Transitional Living Services but a contract is not being recommended at this time. However, the Division intends to explore other service possibilities to support the hilltop downsizing.

Resource Center Technical and Program Support

As described above, DSD has been working to respond to caps placed on Family Care which were effective July 1, 2011. Key changes have been made to shift the DRC activities toward assisting individuals who are now placed on a growing waiting list for services.

The DRC continues to require support for:

- Enrollment coordination to facilitate the timely enrollment of individuals from the DSD waitlist while maximizing the number of enrollments based on program attrition.
- Financial eligibility determination coordination to ensure that eligibility processing does not delay or prevent timely enrollment into Family Care.
- Support for youths in transition leaving the school system.

It should be noted that the youth transition process development and coordination has been funded by a Medicaid Infrastructure Grant in partnership with DHS and UWM. This funding ended during 2011 and additional funding has not been provided by the State DHS to support this contractually required function. The funding in this area was included in the 2012 adopted DSD budget.

In addition, DSD is working jointly with BHD to initiate a Hilltop Downsizing and will require assistance to provide support to relocation efforts and provider network development. Therefore, a small increase is being recommended to help support the hilltop effort.

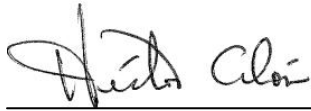
Given ARC's experience and past history of providing quality services and assisting with these functions, DSD is recommending a new contract with ARC Milwaukee to provide these critical consulting services.

Recommendation

It is recommended that the County Board of Supervisors authorize the Acting Director, DHHS, or his designee, to enter into 2012 purchase-of-service contracts with community-based provider agencies per the narrative above and in the amounts specified in Attachment 1 and the accompanying resolution.

Fiscal Effect

Funding for these POS contracts includes federal, state and local property tax levy appropriations as approved in the 2012 DHHS adopted budget. There is no additional tax levy impact associated with this request. A fiscal note form is attached.



Héctor Colón, Acting Director
Department of Health and Human Services

Attachments

cc: Chris Abele, County Executive
Tia Torhorst, County Executive's Office
Terrence Cooley, Chief of Staff – County Board
Patrick Farley, Director, Administrative Services
Pam Bryant, Fiscal & Budget Administrator
Cynthia Pahl, Acting Assistant Fiscal and Budget Administrator
Antionette Thomas-Bailey, DAS Analyst
Jennifer Collins, Analyst – County Board
Jodi Mapp, Committee Clerk – County Board